

# TOWN OF WORTHINGTON

Building Inspections Department  
Town Hall P.O. Box 247  
Worthington, MA 01098  
TEL- 413-238-5577  
FAX- 413-238-5579

## WORKER'S COMPENSATION INSURANCE AFFIDAVIT

I, \_\_\_\_\_ (licensee/permittee) with a principal place of business/

residence at: \_\_\_\_\_ (phone#) \_\_\_\_\_  
(street/city/state/zip)

do hereby certify, under the pains and penalties of perjury, that:

<input type="checkbox"/> I am a sole proprietor with no employees.			<input type="checkbox"/> I am a home owner performing all work myself.		
<input type="checkbox"/> I am an employer ( [circle one] - sole proprietor, general contractor, homeowner ) providing the following worker's compensation coverage for my employees and/or have hired the contractors listed below who have the following worker's compensation policies:					
(Carpentry)	_____	_____	_____	_____	_____
	(Name of Contractor)	(Insurance Company/Policy Number)		(Expiration Date)	
(Excavation)	_____	_____	_____	_____	_____
	(Name of Contractor)	(Insurance Company/Policy Number)		(Expiration Date)	
(Electrical)	_____	_____	_____	_____	_____
	(Name of Contractor)	(Insurance Company/Policy Number)		(Expiration Date)	
(Plumbing)	_____	_____	_____	_____	_____
	(Name of Contractor)	(Insurance Company/Policy Number)		(Expiration Date)	
(Painting)	_____	_____	_____	_____	_____
	(Name of Contractor)	(Insurance Company/Policy Number)		(Expiration Date)	
(HVAC)	_____	_____	_____	_____	_____
	(Name of Contractor)	(Insurance Company/Policy Number)		(Expiration Date)	
(Insulation)	_____	_____	_____	_____	_____
	(Name of Contractor)	(Insurance Company/Policy Number)		(Expiration Date)	
(attach additional sheet if necessary to include information pertaining to all contractors)					
<small>NOTE: please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling of not more than three units in which the homeowner resides or on the grounds appurtenant thereto are not generally considered to be employers under the worker's compensation Act (GL152,ss1(5)), application by a homeowner for a license or permit may evidence the legal status of an employer under the Worker's Compensation Act.</small>					
<small>I understand that a copy of this statement may be forwarded to the Department of Industrial Accidents' Office of Insurance for the coverage verification and that failure to secure coverage under section 25A of MGL 152 can lead to the imposition of criminal penalties consisting of a fine of up to \$1,500.00 and/or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.</small>					

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2009

\_\_\_\_\_  
Signature of Licensee/Permittee

For departmental use only  
Permit Number \_\_\_\_\_

Map# \_\_\_\_\_ Lot # \_\_\_\_\_

**This affidavit MUST BE COMPLETE and printed legibly or typed.**  
See reverse side for information and instructions